

# National Diabetes Education Program

## Diabetes HealthSense Resource Submission Form



<input type="text"/>	<input type="text"/>	
Your first name	Your last name	
<input type="text"/>		
Your organization		
<input type="text"/>	<input type="text"/>	
Email	Phone	
<input type="text"/>	<input type="text"/>	
Street address	State	Zip code

<input type="text"/>	
Title of resource or research article	
<input type="text"/>	
Web address where resource or research article can be located	
Available languages	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other <input type="text"/>
Registration required	<input type="radio"/> Yes <input type="radio"/> No
Cost to access (if applicable)	<input type="text"/>
Comments/additional information	
<input type="text"/>	

Click SUBMIT to return this form by email.

OR fax to (202) 842-4032 or mail to:  
NDEP Diabetes HealthSense Submissions, Hager Sharp, 1030 15<sup>th</sup> Street, NW, Suite 600E, Washington, DC 20005

Thank you for your submission.